

Application #\_

\* Each section below to be filled out by whomever performing work.
Must be owner or licensed
contractor. Address, company

Harnett County Central Permitting
PO Box 65 Llllington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

& phone must match nation on license.	Application for Residential Building and	Trades Permit	
Owner's Name:	LGT Homes-NC, LLC	Date:	8/4/2020
	Lahineh Drive	Date:	-795-3922
Subdivision: Aver	u Pand	Lot:Lot	140-5900
Description of Proposed	Work: New Construction-8	POTatal Joh Cost:	
	General Contractor Informati		
LGI Homes	- NC. LLC	919-798-3	922
Building Contractor's Co	ompany Name	Telephone	
Address T	obbins Drive ste 430	Keith Searse	Laihomes.com
74803	he woodlands TX 7738D	Email Address	
License #	•		
Description of Work	Electrical Contractor Information	ion	/
CMC Flect	Yic Service Size	Amps T-Pole: V	YesNo
Electrical Contractor's C	ompany Name	919-710-7 Telephone	381
106 N. Lomb	pard st. Slute 101		econceleunic.com
Address CIA	470n NC 27520	Email Address	160.001
<u>U26804</u>			
LIOCHISO #	Mechanical/HVAC Contractor Information	mation	
Description of Work	ew Construction	1100011	
Mechanical Contractor's	nanical	704-882-4	522
Mechanical Contractor's	Company Name	Telephone	
Address	ridge Drive Monroe	mwalkereca	rylmechanicals.com
16647 - DOW	glas Bivens	Email Address	J
License #	g.95 01 was 13		
	Plumbing Contractor Information	<u>on</u> 01/-	
Description of Work	few Construction	# Baths 2/2	-
Plumbing Contractor's Con	lumbing		833
3160A VIOSO		Telephone	
Address	1 ta (lugion) 10001 001	Email Address	
22/52		Linaii Address	
License #			
Tatum Ins	Insulation Contractor Informatio	n and I lat N	Gaa
Insulation Contractor's Con	npany Name & Address	919-661-0	477

\*NOTE: General Contractor / owner must fill out and sign the second page of this application.



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Hamett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation

5114/2020

	Affidavit for Worker's Compensation N.C.G.S. 87-14		
-	The undersigned applicant being the:		
-	General ContractorOfficer/Agent of the Contractor or Owner		
	Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.		
	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.		
	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.		
•	Has no more than two (2) employees and no subcontractors.		
t	While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior of issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.		
S	lign w/Title:		